



March 31, 2000 / 49(12);261

Notice to Readers: Alternate Two-Dose Hepatitis B Vaccination Schedule for Adolescents Aged 11--15 Years

In September 1999, Merck Vaccine Division (Merck & Co., Inc., West Point, Pennsylvania*) received approval from the Food and Drug Administration for an optional two-dose schedule of Recombivax HB[®] for vaccination of adolescents aged 11--15 years. The Advisory Committee on Immunization Practices approved the optional two-dose schedule in October 1999 and recommended to include this schedule in the Vaccines for Children Program in February 2000. Using the two-dose schedule, the adult dose of Recombivax HB[®] (1.0 mL dose containing 10 µg of hepatitis B surface antigen [HBsAg]) is administered to adolescents aged 11--15 years, with the second dose given 4--6 months after the first dose. In immunogenicity studies among adolescents aged 11--15 years, antibody concentrations and end seroprotection rates (≥ 10 milli-international units per mL of antibody to HBsAg) were similar with the two-dose schedule (1.0 mL dose containing 10 µg of HBsAg) and the currently licensed three-dose schedule (0.5 mL dose containing 5 µg of HBsAg). The overall frequency of adverse events was similar for the two-dose schedule and the three-dose schedule. Short-term (2-year) follow-up data indicate that the rate of decline in antibody levels for the two-dose schedule was similar to that for the three-dose schedule. No data are available to assess long-term protection (beyond 2 years) or immune memory following vaccination with the two-dose schedule, and it is not known whether booster doses of vaccine will be required. As with other hepatitis B vaccination schedules, if administration of the two-dose schedule is interrupted it is not necessary to restart the series. Children and adolescents who have begun vaccination with a dose of 5 µg of Recombivax HB[®] should complete the three-dose series with this dose. If it is not clear which dose an adolescent was administered at the start of a series, the series should be completed with the three-dose schedule.

*Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services.

Disclaimer All MMWR HTML versions of articles are electronic conversions from ASCII text into HTML. This conversion may have resulted in character translation or format errors in the HTML version. Users should not rely on this HTML document, but are referred to the electronic PDF version and/or the original MMWR paper copy for the official text, figures, and tables. An original paper copy of this issue can be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371; telephone: (202) 512-1800. Contact GPO for current prices.



Return To: [MMWR](#) [MMWR Home Page](#) [CDC Home Page](#)

******Questions or messages regarding errors in formatting should be addressed to mmwrq@cdc.gov.

Page converted: 3/30/2000